



# Wee Wisdom

## Christian Preschool and Academy

### Registration Form

*Please fill in all blanks and please print*

**Child's Name:** \_\_\_\_\_ **Child Goes By:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Boy:** \_\_\_\_\_ **Girl:** \_\_\_\_\_

**Primary Home Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Primary Email:** \_\_\_\_\_

### *Parent or Guardian's Contact Information*

#### Father

Name: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

#### Mother

Name: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

### *Additional Emergency Contacts:*

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

### *Consent to Contact Physician in Emergency*

In the event I cannot be reached to make arrangements, I hereby give my consent to Wee Wisdom Christian Preschool & Academy to contact Doctor \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 And if necessary, take my child to the following doctor's, clinics, or hospital: \_\_\_\_\_

**\*Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### *Enrollment Request Information*

**Session Request: Check the session for which you are registering.**

#### Preschool (3-4's)

- MWF @ 8:30-11:30AM
- MWF @ 12:30-3:30PM
- TTH @ 8:30-11:30AM
- TTH @ 12:30-3:30PM

#### Academy (4-5's, Pre-K)

- MWF @ 8:30-11:30AM
- MWF @ 12:30-3:30PM
- TTH @ 8:30-11:30AM
- TTH @ 12:30-3:30PM

M-F @ 12:30-3:30PM

\*Each student receives a free Wee Wisdom T-shirt.

## *Child's Medical and Background Information*

### **Current Health Status:**

Health problems Wee Wisdom should know about: \_\_\_\_\_

Medication, if any: \_\_\_\_\_

Allergies or other factors that could result in a medical reaction. Please give clear instructions in the event of an exposure: \_\_\_\_\_

Special concerns: (glasses, hearing device, crutches, etc.): \_\_\_\_\_

Activities child should NOT engage in: \_\_\_\_\_

### **Helpful Family Information:**

Parent Information:  Single  Married  Divorced  Widowed  Other: \_\_\_\_\_

Child lives primarily with:  Both Parents/Guardians  Mother  Father  Other: \_\_\_\_\_

Please, list your child's siblings.

Name	Age	Live with you?
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

Has your child ever attended another preschool/daycare setting? \_\_\_\_\_ If so, where & when? \_\_\_\_\_

If child attends church (i.e. Sunday School, church, clubs), where & when? \_\_\_\_\_

Any other information that might be helpful in teaching your child? \_\_\_\_\_

How did you hear about Wee Wisdom? Who/what was your referral source? \_\_\_\_\_

What talents / skills / gifts do you possess that would be a benefit to our preschool?  
(Work related, Home related, Hobbies, Interests, etc.) \_\_\_\_\_

## *Consents*

**I commit to read the Wee Wisdom Parent Handbook and honor the procedures and guidelines spelled out therein. I understand that as long as my child is enrolled at Wee Wisdom, during the school year or Summer Enrichment Program, I am held responsible to pay the applicable fees and tuitions on time.**

I give consent for my child, \_\_\_\_\_, to be included in photos related to class and center activities while enrolled in the Wee Wisdom Christian Preschool & Academy.

I give consent for my child, \_\_\_\_\_, to be transported under the supervision and protection of Wee Wisdom in emergency situations.

**\*Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_